Effective Date: 02/02/2004 Business ID: 229015 William M. Gardner Secretary of State

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State of New Hampshire Fee - Form 47 - (Corporations) 1 Page(s)

SECRETARY OF STATE NEW HAMPSHIRE

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TITLE: Prostdon)	PRINT NAME MOA) ChORAING	I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE STATEMENTS ON THIS REPORT ARE TRUE TO THE BEST OF MY INFORMATION, KNOWLEDOW AND BELIEF. SIGNATURE	IF THERE ARE ADDITIONAL DIRECTORS, ATTACH ADDITIONAL SHEET. TO BE SIGNED BY AN OFFICER, DIRECTOR OR ANY OTHER PERSON AUTHORIZED BY THE BOARD OF DIRECTORS.	TOWN/CITY STATE ZIP	BUSINESS ADDRESS: NO. STREET	H H	BUSINESS ADDRESS: NO. STREET TOWNCITY STATE ZIP	AWS OF A FOREIGN COL	TO CHANGE REGISTERED AGENT AND/OR REGISTERED OFFICE, REQUEST FORM 9 FROM SECRETARY OF STATE. SEE NOTES ON REVERSE SIDE DIRECTORS NH CORPORATIONS ARE REQUIRED TO HAVE AT LEAST ONE	TOWN/CITY STATE ZIP	BUSINESS ADDRESS: NO. STREET	AGENT	ARTY down Heasher ADDRESS NO STREET ADDRAGS